

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Marci	MI L
	NICKNAME	LAST Cannon	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 731 CR 175 Leander, Tx 78641		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 422.5870	EXTENSION
	Date Received 04.01.2021 Deablu		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Marci	MI L
	NICKNAME	LAST Cannon	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 731 CR 175 Leander, Tx 78641		
	Date Hand-delivered or Date Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 422.5870	EXTENSION
	Receipt #		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	Date Processed		
10 PERIOD COVERED	Date Imaged		
	Month Day Year Month Day Year 01 / 16 / 2021 THROUGH 03 / 31 / 2021		
11 ELECTION	ELECTION DATE		
	Month Day Year ELECTION TYPE 05 / 01 / 2021 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		
	Leander City Council, Place 6		
13 OFFICE SOUGHT (if known)		Leander City Council, Place 6	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Marci Cannon	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,942.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,079.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Marci Cannon at city hall, this the 1 day of April, 2021, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

DARA CRABTREE
 Printed name of officer administering oath

Notary/City Secretary
 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Marci Cannon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,942.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Marci Cannon

3 Filer ID (Ethics Commission Filers)**4** Date

3/10/21

5 Full name of contributor

Craig & Jennifer Pizer

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

1414 Roaring Fork

Leander Tx 78641

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

unknown

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/15/21

Richard Hanson

Contributor address;

City; State; Zip Code

PO Box 4303

Horseshoe Bay, Tx 78657

\$1,000.00

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/23/21

Donald L. Gish

Contributor address;

City; State; Zip Code

3405 El Salido Pkwy

Cedar Park, Tx 78613

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/23/21

Dolores A. Gish

Contributor address;

City; State; Zip Code

3405 El Salido Pkwy

Cedar Park, Tx 78613

\$50.00

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Marci Cannon

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/21

5 Full name of contributor

Andy Pitts

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

3705 Lajitas

City; State; Zip Code

Leander, Tx 78641

7 Amount of contribution (\$)

\$2,000.00

8 Principal occupation / Job title (See Instructions)
unknown

9 Employer (See Instructions)
unknown

Date

3/25/21

Full name of contributor

Jose & Melissa Urrea

☐ out-of-state PAC (ID#: _____)

Contributor address;

1720 Mira Vis

City; State; Zip Code

Leander, Tx 78641

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date

3/25/21

Full name of contributor

Chris & Norma Metevier

☐ out-of-state PAC (ID#: _____)

Contributor address;

3602 Fandango

City; State; Zip Code

Leander, Tx 78641

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date

3/25/21

Full name of contributor

Carla Birk

☐ out-of-state PAC (ID#: _____)

Contributor address;

1701 Jackpot Run
78641

City; State; Zip Code

Leander, Tx

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marci Cannon		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad & Crystle Cloud 6 Contributor address; City; State; Zip Code 1513 Uhland Drive Leander Tx 78641	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Stiles Contributor address; City; State; Zip Code 4181 US 183 Leander, Tx 78641	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) South San Gabriel Animal Clinci
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Marci Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 3/9/21	5 Payee name Deep Dive Graphics				
6 Amount (\$) \$222.50	7 Payee address; City; State; Zip Code PO Box 93 Leander, Tx 78641				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 50%; border: none;">Office sought</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	
Candidate / Officeholder name	Office sought				
	Office held				
Date 3/9/21	Payee name Dirt Cheap Signs				
Amount (\$) \$1,664.02	Payee address; City; State; Zip Code 6706 Lohman Ford Rd Lago Vista, Tx 78645				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 50%; border: none;">Office sought</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	
Candidate / Officeholder name	Office sought				
	Office held				
Date 3/29/21	Payee name Tractor Supply				
Amount (\$) \$55.92	Payee address; City; State; Zip Code 2000 Bell Blvd Cedar Park, Tx 78613				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 50%; border: none;">Office sought</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	
Candidate / Officeholder name	Office sought				
	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					